

Creditor(s): _____

 -vs-
 Debtor(s): _____

Petition for Relief from Existing Wage Garnishment and Request for Hearing

Case No. _____

I PETITION THE COURT for relief from the wage garnishment filed in this case, based on the following:

1. I am the debtor and my wages are being garnished.
2. I petition the court for relief from garnishment and request a hearing.
3. After garnishment, my disposable income leaves me with approximately \$_____ per month and is insufficient to acquire the necessities of life for my dependents (if any) and me. I have ____ dependents. My necessities of life include:

Description of Expense	Per Month
<input type="checkbox"/> Rent	\$ _____
<input type="checkbox"/> Mortgage	\$ _____
<input type="checkbox"/> Utilities (gas/electric)	\$ _____
<input type="checkbox"/> Transportation (vehicle payment/vehicle insurance/public transportation)	\$ _____
<input type="checkbox"/> Telecommunication cost (internet/cell phone)	\$ _____
<input type="checkbox"/> Health insurance	\$ _____
<input type="checkbox"/> Medical (prescription drugs/copays)	\$ _____
<input type="checkbox"/> Food	\$ _____
<input type="checkbox"/> Personal care items (household cleaning products/diapers/formula)	\$ _____
<input type="checkbox"/> Childcare	\$ _____
<input type="checkbox"/> Student loans	\$ _____
<input type="checkbox"/> Loans	\$ _____
<input type="checkbox"/> Credit card(s)	\$ _____
<input type="checkbox"/> Other (describe) _____	\$ _____
<input type="checkbox"/> Other (describe) _____	\$ _____
Total cost	\$ _____

4. I request the Court:
 - Order a garnishment of no more than \$_____ per month.
 - Stay the order for garnishment until [Date] _____.
 - Other: _____.

5. I understand that I will be required to prove the above information. I also understand that if I claim a complete exemption, limitation or defense in bad faith, I may be held liable to the creditor for actual damages, costs and reasonable attorneys' fees.

See attached for supplemental information.



 Signature

 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)
